

Community Mental Health for Central Michigan

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**Michigan Department of Community Mental Health
Mental Health and Substance Abuse Administration
Improving Practices Infrastructure Development Block Grant
Family Psychoeducation
Program Narrative
Quarterly Report**

OCT 27 2006

Report Period 7-1--06 to 9-30-06

PIHP Community Mental Health for Central Michigan

Program Title Family Psychoeducation

Executive Director Linda Kaufmann

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PCA# 20702

Contract # 20061238

Federal ID 38-3599944

- A. Systems transformation efforts and implementation activities of the Improving Practices Leadership Team over the last quarter have continued. During the 4th quarter the IPLT reviewed practices that therapists were interested in starting. Short-term Case Management for individuals with a Co-Occurring Disorder was discussed and is being looked into for implementation across board areas. Fidelity issues with COD were discussed and are being monitored by the IPLT. The strategic planning goal with Prevention services was addressed with a draft definition established. A Sentinel Event Action Plan was developed and supported by the IPLT. Education of staff will occur around the importance of aggressive and accurate diagnosis for the most effective treatment. The IPLT will develop the training.

Over the fiscal year the IPLT continued to monitor the progress and address barriers to implementation of the Evidence-Based Practices and grants. Parent Management Training Oregon model grant and training of two CMHCM staff is progressing. Integrated Dual Disorder Treatment for Co-Occurring Disorders progress was monitored. Barriers to increased implementation of COD treatment in the six counties were addressed by the IPLT. Finally, The Family Psychoeducation grant progress was monitored and implementation barriers addressed. Regarding System Transformation the IPLT has become a familiar, active, standing committee within the agency. Staff is becoming more aware, as time goes on, of what the IPLT does and how it benefits the agency and services to consumers.



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B. The Systems Change process activities during the 4th quarter regarding Family Psychoeducation have improved. Since the second group of staff from all six counties was trained things have progressed faster this quarter than in previous ones. FPE has become “more popular” with more staff since more consumers are participating and success of the practice is being seen. Systems Change had been relatively slow over the first part of this fiscal year. There is still more work to be done in the area of Systems Change. It is hoped that as even more staff are trained, more families served and more groups held FPE would become the norm for consumers who meet criteria, not the exception.

C. Consensus building and collaborative service efforts with other systems and agencies continued during the 4th quarter. Presentations were done at the Midland NAMI, at staff meetings, at committees throughout the communities and at advocacy organizations. Collaborative efforts are moving slow. The two clubhouses in the agency have Wellness Recovery Action Plan meetings. There is an FPE group member in WRAP who promotes the program with others.

Over the last year there has been numerous consensus building activities including presentations at staff meetings, board meetings, service committee meetings, NAMI meetings, at clubhouses and drop-ins throughout the six counties. Collaborative efforts with advocacy groups included working closely with NAMI groups, as well as starting new NAMI and support groups in more counties. There is now at least one kind of support group for consumers and families who struggle with mental illness in one of the east, central and west counties.

D. Family Psychoeducation outcomes achieved the 4th quarter included those for Awareness, structural and clinical as well as adaptation and evaluation. Regarding awareness, more presentation and discussions were done with consumers, families, staff and community agencies. SAMHSA tool kit information appropriate to the audience was distributed. Regarding structural and clinical improvements, administrative functions and the role of the IPLT in FPE was refined. Data collection improved as well. Data and related information from two more counties, totaling three for the year, was submitted to Mary Roffolo for the U of M fidelity evaluation project. There were minimal adaptations, although CMHCM is doing some model adaptations and working with U of M to monitor fidelity and outcomes with the adaptation.

E. The eleven newly FPE trained staff from five counties joined the CMHCM Learning Collaborative. As of the end of this fiscal year, twenty-four staff had attended the three-day training by Dr. McFarlane and colleagues. Almost half of all FPE trained staff have attended at least one MDCH Learning



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Collaborative over the past year, however there were none scheduled during the 4th quarter. Many trained staff are running Multi-family groups while others are doing single family FPE.

- F. There have been some challenges and issues encountered in implementation this quarter. The most prevalent one was summer itself. Staff and families vacations and summer schedules were very hectic so holding the workshops was put off until late summer or fall. Another challenge involved a couple of staff taking a new position within the agency and transitioning their FPE duties to another FPE staff. The transition worked out fine.
- G. Data collection, fidelity and process monitoring activities have continued throughout the 4th quarter. The coding of activities accurately improved over this quarter. The learning curve of knowing which activity code for which service took some time for staff to master. One of the improvements for next quarter for fiscal year 06/07 is to refine the data analysis more efficiently. Some of the tallying was done manually for this year.
- H. CMHCM is proud to report that FPE activity occurred in all six of our counties! Isabella County completed joining, held the workshop and held 7 multi-family sessions for a total of 7 consumers and/or families. Midland continued joining with 10 consumers and/or families and held 13 joining sessions as well as having their family workshop this quarter. Osceola County held 33 joining sessions with 10 consumers and/or their families as well as held the workshop. Mecosta County held 16 joining sessions with 5 consumers and/or family members. Clare is in the joining phase with 6 consumers and families holding 12 joining sessions the 4th quarter. Gladwin County, due to an APE staff retiring, only has one staff trained and held 1 joining with 1 consumer. Gladwin County has 2 staff identified to attend training in January 07.
- I. CMHCM financial support and resource allocation to the Family Psychoeducation project has been excellent the 4th quarter and throughout the year. Clinical and clerical support was provided when needed. The FPE coordinator was relieved of some duties to be able to fulfill the duties of coordinating the six county implementation for CMHCM. Additional funding beyond the grant for supplies, training, and travel have been provided.

After our year one financial status report is filed with MDCH, CMHCM will be calculating and assessing funding issues for fiscal year 06/07 and be submitting a request for amendment, with revised work plans and budget plans, by the due date of January 15, 2007. We plan to request the use of carry over funds from 05/06.



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- J. Activities planned to address the FPE project's goals and objectives for the next quarter include a review of the past year's progress at the next IPLT meeting, the CMHCM Learning Collaborative and at all six counties supervisor meetings. Planning will begin for beginning a contractual relationship with the ARC of Isabella and the ARC of Midland for obtaining continuous feedback and holding focus groups with FPE and potential consumers and families. Selection of more staff to be trained in FPE will begin. Two CMHCM staff will prepare for the next train-the-trainer session offered in January 07.



Michigan Department of Community Health
Mental Health and Substance Abuse Administration
Improving Practices Infrastructure Development Block Grant
Family Psychoeducation
Fourth Quarter Report
FY 2005 – 2006

Report Period: July 1, 2006 through October 30, 2006
PIHP: Detroit-Wayne County Community Mental Health Agency
Program Title: Family Psychoeducation Project
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A. Briefly summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team

The Improving Practices Leadership Team met monthly this quarter. At the September 28, 2006 meeting a subcommittee to review financing issues for the implementation of EBP was established. It includes the Deputy Directors from two Detroit-Wayne County Community Mental Health provider organizations, a representative from the finance office, and Anne Segall, Family Psychoeducation coordinator. Costing alternatives will be determined for each EBP and a report on financing the programs will be offered to the Improving Practices Leadership Team.

B. Briefly describe the Systems Change process activities during this year and the Impact of this Evidence –Based Practice process on creating systems change.

The FPE project coordinator held ongoing meetings with administrators and clinical supervisors within the provider organizations to continue consensus building, sustain commitment and strengthen communication and collaboration. Clinical supervisors and practitioners report greater inter-program collaboration at the various provider sites. This reflects efforts at incorporating an integrated perspective in clinical care and pragmatic and flexible application of the practice to meet the specific needs of the population and community served by the provider. Community Care Services in downriver Wayne County has three provider sites (Taylor, Belleville, and Lincoln Park offices) collaborating on program development and sharing resources for clients. At Lincoln Behavioral Services in Redford, the ACT and the Clubhouse Programs are planning a group together and are working closely on integrating the family perspective into their interventions. The Outpatient Department of Lincoln Behavioral Services is working with the Adult Foster Care Program to offer a combined multi-family

group for both residents of AFC and outpatient consumers based on age, symptom commonality and on specific developmental issues for the client and their families. FPE Planning meetings include administrators, clinical supervisors and practitioners from multiple programs and sites to promote greater cross program integration and prevent “an add-on approach” to program development, which can create unnecessary competition among programs. Opportunities for cooperation and collaboration are necessary for system transformation.

- C. Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.

Please see B. for discussion of intra-agency collaborative efforts. At Community Care Services in Lincoln Park, group facilitators have worked closely with WRAP and NAMI representatives in preparation for the educational workshop. NAMI has provided educational literature for families who are participating in the FPE program and will be participating in the educational workshop. WRAP’s peer counselor has attended implementation meetings with CCS facilitators and will participate in the educational presentations for the workshop. Both consumer groups strongly support the FPE programs and will continue to participate in the multi-family groups. Lincoln Behavioral Services and Development Center, Inc. held meetings with their advisory boards and with NAMI representatives and have developed a means for ongoing communication and collaboration.

- D. Briefly describe the progress toward achieving each of the FPE outcomes planned for the October, 2005 – October, 2006.

1. Detroit-Wayne County Community Mental Health Agency initiated the Family Psychoeducation pilot program in November, 2005 at Community Care Services (CCS) and Detroit Central City (DCC). Eight practitioners, including a Deputy Director and a Clinical Division Supervisor, attended the first three day training with Dr. William McFarlane, the developer of this SAMSHA approved model in November, 2005.
2. Following outreach and educational meetings with the FPE Coordinator, Lincoln Behavioral Services (LBS) and Development Centers, Inc. joined the pilot programs in late May, 2006. Eight practitioners, including clinical supervisors and a Deputy Director, attended the 2nd three day FPE training with Dr. McFarlane held in June, 2006.
3. After training of provider facilitators in the pilot, the goal of consensus building and program education guided initial activities for implementation. Multiple and ongoing meetings were held with consumer advisory groups, provider administrators, clinical supervisors and practitioners to address concerns and questions, to solicit their involvement and educate them about

Family Psychoeducation. Each provider met with their NAMI group, advisory boards and other community stakeholders. Both NAMI and WRAP are collaborating in program implementation and participating in the educational workshops.

4. The project coordinator met weekly with facilitators and supervisors at Community Care Services, Detroit Central City and Lincoln Behavioral Services pilot sites to provide ongoing consultation and educational support. Inservice training programs were provided for clinical staff. Additional literature for agency staff and a power point presentation was developed by the coordinator and has been used with supervisors and practitioners for training purposes. Literature on family psychoeducation and family reactions to mental illness has been provided, as well as educational material developed for the consumers and families. A binder with important support documents for evaluation, training, FPE assessment and referral questions for access workers, and work plan flow charts has been constructed for facilitators at provider organizations and is used to guide the implementation work.
5. Ongoing clinical supervision from Jeff Capobianco and Liz Dorda of the State Subcommittee on Family Psychoeducation has been provided on a regular basis at Community Care Services and Detroit Central City. Supervisory work with Lincoln Behavioral Services was initiated in September, 2006. Facilitators from CCS, DCC, LBS and DCI have attended the Learning Collaboratives.
6. All fidelity and outcome measures have been reviewed with supervisors and practitioners, and were implemented in the joining phase at Community Care Services in August and September, 2006. Initial data from a record extraction form, the informed consent form and the joining fidelity check is being collected and forwarded to Dr. Mary Ruffolo.
7. The project coordinator for FPE attends the FPE Subcommittee meetings and regularly consults with Jeff Capobianco, the FPE Subcommittee supervisor for Detroit-Wayne County CMH on both clinical and implementation issues.
8. Implementation plans were developed at three sites. Development Centers, Inc. is in the process of developing their plans and conducting agency and community consensus building. The planning team at DCI includes the Deputy Director, Clinical Director of Outpatient Programs, Clinical Supervisor, ACT supervisor, agency nurse and three practitioners.
9. Community Care Services completed the joining phase and held two educational workshops on October 5th and 6th, 2006. Lincoln Behavioral Services has begun the initial joining phase for one group with ACT and Clubhouse consumers, and is planning the educational workshop for

December, 2006. LBS anticipates starting 2 additional multifamily groups early in 2007 in the outpatient clinic and is actively recruiting families.

10. There were continued efforts at identification and recruitment of consumers and families for the Detroit Central City pilot site. Work with the facilitators, Deputy Director, clinical supervisor, access department and consumer advisories focused on consensus building, integration into existing programs, and identification of consumers and families who would benefit from the FPE program. Despite considerable effort, the practitioners in the pilot were unable to move forward with the project due to consumer recruitment issues and the longstanding absence of identified families for many of their consumers. Facilitators believe this model is not a good fit for the population they serve and are interested in modifying the program and investigating other models. Dr. Mary Ruffolo had offered that this model may not be best suited for this particular provider site, and that persistent efforts might prove demoralizing for an already overworked staff. The FPE coordinator held similar concerns. An evaluation of the FPE plans for Detroit Central City was conducted over a three month period and was completed in September, 2006. Collaboration has included Jeff Capobianco(FPE Supervisor), Mary Ruffolo (FPE evaluation), Hennie Warren (Deputy Director at DCC), Mary Gillis and Laquanda Williams (facilitators), Mike Massanari and Terry Lerma of Project Care and Dr. McFarlane. It was determined that the pilot should be discontinued. The project coordinator continues to meet with Ms. Warren, Gillis and Williams to evaluate the use of therapeutic techniques in the model for current ongoing groups at DCC. In order to successfully implement any program, consideration must be given to the following issues: a) the need to tie program development to strategic planning and agency mission; b) the need for clinical supervision of the practitioners, especially those who are practicing with a limited license; and c) the need for a reduction in the excessively high caseloads.
 11. The FPE coordinator attends the Community Planning Council meetings and has participated as a group facilitator in group visioning exercises for council members. Written material on the FPE model was developed for the CPC data resource book. The FPE coordinator will provide an education overview for the Council in November, 2006. The FPE coordinator follows the work of the Improving Practices Leadership Team, which is now meeting monthly. The FPE coordinator consults with the Council's workforce subcommittee on training and continuing education issues related to the roll out of EBPs and the development of core clinical competencies for practitioners.
- E. Briefly describe staff training and technical assistance obtained during this Year. Explain how the training and assistance were utilized for program development and improving services.

Extensive literature on family adjustment and reaction to mental illness has been provided and reviewed with practitioners in the FPE program. A binder with educational planning material has been constructed with each participating site. Ongoing supervision has been provided to CCS, DCC and LBS. Arrangements are being made for supervision to practitioners at DCI. Nine practitioners attended the first 3 day training with McFarlane in November, 2005. Of the initial four practitioners from CCS, 3 either left the agency or withdrew from the program, necessitating the recruitment of new clinicians. For the new practitioners, introductory review and training was provided in 2 – 3 hour individual “tutorials” until training was arranged with Dr. McFarlane. Jeff Capobianco also provided “mini-trainings” to facilitate continued movement. Twelve staff attended the three day training with Dr. William McFarlane in June, and seven practitioners plan to attend the Learning Collaborative scheduled for October 6. The program coordinator meets regularly to provide ongoing training for the participating sites. Power point presentations have been developed for the facilitators for use in staff in-service training and educational presentations to families and community stakeholders. Of the 22 individuals trained by McFarlane, 2 are Deputy Directors, 2 are clinical division supervisors, one is the project coordinator and the remaining are practitioners who are either planning a group for implementation in early 2007 or are facilitating the new groups at CCS. Two practitioners from DCC are using the single family model and applying the problem solving methods in other groups.

- F. Briefly identify any challenges or issues encountered in implementation during quarter and the action taken to address them.

The major implementation issue identified in previous reports as a serious barrier is understaffing and excessively large caseloads. This has not been effectively addressed and remains an enormous impediment to program development and system transformation. (Please see previous report for discussion). It was one of the factors contributing to the discontinuation of the pilot at DCC, despite energy and effort by the clinicians. The financial issues related to EBP roll-out will be addressed by an IPLT subcommittee. The program coordinator is a member. Models for costing and guidance from the subcommittee on this issue will be provided to the IPLT. As mentioned earlier, program development must be tied to overall strategic planning within the provider organization and at the administrative level of the PIHP. Workforce issues such as staffing shortage, high caseloads, supervisory and continuing education needs are systems issues that relate directly to the success and sustainability of the program .

- G. Briefly describe the PIHP action related to data collection, fidelity and and process monitoring activities to accomplish the project goal.

All fidelity and outcome measures have been reviewed with supervisors and practitioners, and were implemented in the joining phase at Community Care Services in August and September, 2006. Initial data from a record extraction

form, the informed consent, the joining fidelity check and the educational workshop check is being collected and forwarded to Dr. Mary Ruffolo.

H. Describe the target population/program served during this Year individuals during this fiscal year.

At Community Care Services in both Taylor and Lincoln Park 24 families were actively recruited. Nineteen have committed to the program, with twelve female consumers and 7 male consumers. The ages range from late twenties to mid-forties and the diagnoses include psychotic disorders, with schizo-affective disorder as the predominant diagnosis. Most consumers live with their family or in supportive independent living arrangements.

Lincoln Behavioral Services has identified 24 consumers with families who are either involved in their Clubhouse or ACT programs. Their diagnoses also include psychotic disorders, primarily schizophrenia or schizoaffective disorder. Ages range from mid-twenties to early thirties and include both male and females, though on the average, more males. The Outpatient Department has identified 5 newly diagnosed and/or young consumers with psychotic disorders and hopes to offer a multi-family program to these individuals and their families.

Detroit Central City identified primarily middle-age males with dual diagnosis and absent families. Engagement proved difficult. Two female consumers with family were offered a single-family psychoeducation intervention which initially proved very therapeutic, but was temporarily suspended when work and school requirements interfered with regularly scheduled appointments.

I. Describe PIHP financial and in-kind support utilized to support this project and status of sustainability planning

Provider organizations have donated the additional staff time required for training, planning and implementation meetings. This underscores the importance of involving supervisors and deputy directors in the initial planning phases. Success is tied to leadership commitment and enthusiastic involvement at all levels with the agency. This is also reflected in the time committed by Detroit-Wayne County CMH staff to the Improving Practices Leadership Team which includes peer specialists and consumer representatives, clinical supervisors, and administrative staff and is lead by Dr. Michelle Reid.

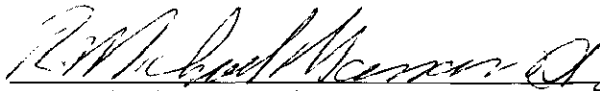
Issues related to understaffing and excessive caseloads must be addressed to achieve program sustainability. A standardized methodology for capturing direct and indirect program costs would also assist provider organizations wishing to implement the program. Costing negotiations, program financing and instruction of specific new CPT codes must be conducted prior to program implementation. The FPE coordinator will work with a newly established subcommittee of the

Improving Practices Leadership Committee to address this need. The FPE program needs to be integrated into overall treatment delivery and strategic plans for the entire county in order to secure sustainability and serve the targeted population. Liaison work with hospitals and children's programs to identify young adults newly diagnosed or who are "aging out" of programs is an important next step.

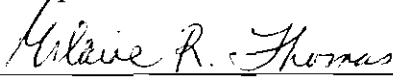
J. Describe goals and objectives for the next year..

1. Continue work with the Improving Practices Leadership Team and the Community Planning Council on a monthly basis to address implementation barriers, facilitate program development and provide consultation on continuing education and training issues and important workforce issues which impede systems transformation.
2. Continue to provide in-service training, consultation and support for program implementation at all pilot sites.
3. Meet with Advisory Councils and recovery groups to continue consensus building and to develop inter-organizational collaboration.
4. Continue to attend the FPE subcommittee meetings and collaborate with other programs.
5. Complete joining phase and conduct educational workshop for two groups at Lincoln Behavioral Services. Begin multi-family groups at both Taylor and Lincoln Park CCS sites by mid- October, 2006. Complete implementation plans for an FPE program at DCI by December, 2006.
6. Develop training plans in collaboration with FPE subcommittee, Project CARE, and Detroit-Wayne Co. CMH for the Detroit-Wayne County CMH Agency.
7. Provide ongoing consultation for Detroit Central City practitioners interested in the application of FPE therapeutic techniques to their programs.
8. Collect fidelity and outcome measures for FPE programs.
9. Continue consensus building and implementation plans for Lincoln Behavioral Services and Development Centers Inc. Set regularly scheduled meetings for ongoing consultation and technical support.
10. Develop educational outreach and consensus building plans for promotion of FPE programs in provider organizations throughout Wayne County

11. Collaborate with FPE State Subcommittee, Community Planning Council, Improving Practices Team, Project CARE team and providers on program development.

Signature: 
Submitted by: R. Michael Massanari, MD, MS, Executive Director
Wayne State University Project CARE

This report has been reviewed and approved by:

, D-WCCMHA Contract Manager

Name _____ Division _____ Date October 27, 2016

**Michigan Department of Community Health
Mental Health and Substance Abuse Administration
Improving Practices Infrastructure Development Block Grant
Family Psychoeducation
Program Narrative
Year End Report**

OCT 31 2006

Report Period: 10-01-05 to 09-30-06
PIHP: Lakeshore Behavioral Health Affiliation
Program Title: Family Psychoeducation
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PCA# 20709 Contract # 20061244 Federal ID: 38-6006063

- A. Briefly summarize the Systems transformation efforts and implementation activities of the Improving Practices Leadership Team.
- The Improving Practices Leadership Team (IPLT) continues to meet monthly and oversees the implementation of the five Evidence Based Practices: Family Psychoeducation, Integrated Dual Disorders Treatment, Parent Management Training, Recovery/WRAP and Jail Diversion. In addition, it reviews reports from ILPT members serving on the state-wide Recovery Council and DD Practice Improvement Team. IPLT leaders have attended the DCH conferences regarding systems transformation in February and March. In addition, representatives from the IPLT attended a pre-conference seminar on Process Benchmarking and intend to participate in the Process Benchmarking workgroup. The IPLT discussed the federal and state vision for a transformed mental health system at its February and March meetings. Proposed values, principles and practices of a transformed mental health system have been drafted. The recommended elements of systems transformation have been presented to the PIHP senior management team.
- B. Briefly describe the Systems Change process activities during this year and the impact of this Evidence-Based Practice process on creating systems change.
- Case Managers' case loads were adjusted to accommodate the new time demands of Family Psychoeducation responsibilities.
 - A Clinical Services Supervisor from Muskegon County (Cynthia Hakes) has continued to serve as Coordinator for Family Psychoeducation for the Affiliation.

- The first Educational workshops were held on February 18, 2006 for Ottawa County, and March 25, 2006, for Muskegon County. After training additional staff in June, Educational Workshops were held on September 9, 2006 (Ottawa County) and September 16, 2006 (Muskegon County), incorporating 4 new groups into the Family Psychoeducation program.
 - Six multifamily groups are now meeting on a bi-weekly basis (three for Muskegon County and three for Ottawa County.)
- C. Briefly summarize consensus building and collaborative services efforts with other systems and agencies that have taken place during this year.
- Clinical Supervisor/Coordinator and FPE facilitators have attended the Learning Collaborative, as scheduled. The Coordinator has attended Sub-Committee meetings in Lansing, as well as networking with personnel from other agencies implementing FPE. We have had on-going monthly contacts with our consultants from the Maine Medical Center to ensure fidelity to the Family Psychoeducation model, as well as to offer feedback and suggestions for continual improvement, and we have continued contact with Dr. Ruffalo from the University of Michigan, for outcome data collection.
- D. Briefly describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this (4th) quarter.
- Four recently trained staff for Muskegon County and three recently trained staff for Ottawa County completed the Joining phase, the Educational workshops, and have successfully implemented four new FPE multifamily groups. Six multifamily groups now meet bi-weekly using the Family Psychoeducation problem-solving process.
 - Implementation teams receive ongoing consultation, supervision and coaching. Cynthia Hakes and Rick Hunter, along with designated staff, have continued to attend Learning Collaborative Meetings in Lansing; Both Muskegon and Ottawa CMH's have maintained ongoing contact with FPE consultants at the Maine Medical Center, as well as with each other.
 - Educate and train Agency staff. We have expanded our FPE staff meetings to include recently trained case managers. Experienced facilitators offer practical suggestions for newly trained staff. Case managers have offered information about the Family Psychoeducation practice to co-workers and have continued to solicit additional staff for the next training early in 2007. An article about our Family Psychoeducation program in Muskegon was included in the last Quality Improvement Newsletter.

- Develop and implement data collection, integration into local QI process and knowledge information system and analysis. Cynthia Hakes and Rick Hunter have maintained on-going communication with Dr. Mary Ruffalo from the University of Michigan, and have continued to submit appropriate paperwork for analysis and data collection for the FPE program.
 - Lakeshore Behavioral Health services will report progress on a quarterly basis. FPE Subcommittee will address initial and on-going fidelity and outcome measures. FPE Subcommittee, Learning Collaborative and IPLT have offered opportunities for on-going reporting to ensure consistent implementation and fidelity to the model.
- E. Briefly describe staff training and technical assistance obtained during this year. Explain how the training and assistance were utilized for program development and improving services. Identify the unduplicated number of staff trained and each of their roles in the FPE project.
- Training and assistance from conference trainers, as well as from consultants, have continued to be utilized for facilitators in the FPE program. Facilitator staff for Muskegon County are as follows: Deborah Smith, Valerie Vines, Nick Grinwis, Suzan Zuidema, Cindy Chattulani, Dave Gawron, and Cynthia Hakes, Coordinator. Ottawa County facilitators are Bruce Jones, David Maranka, Cheryl Schut, Nichole Brunn, David Neal, Pam VanNoord and Rick Hunter. Additional training opportunities in June 2006 allowed for expansion of the Family Psychoeducation project.
- F. Briefly identify any challenges or issues encountered in implementation during this year, and the action taken to address them.
- Muskegon County
 1. Initially, Muskegon County's consultant in Maine experienced difficulty reading DVDs sent in by facilitators. Information Systems personnel from both Muskegon and the Maine Medical Center worked together to resolve the problem. No further technical issues have surfaced.
 2. One consumer experienced a relapse approximately a month ago, and continues to struggle. She did not attend one-on-one appointments at ACT or the last two group sessions, but has indicated that she plans to return. Her support person (mother) has continued to attend the Family Psychoeducation MFGs. The consumer's case manager has continued to work closely with her and her supports, including the prescribing physician.

- Ottawa County

1. One of the consumers involved in the first multifamily group has had significant relapse of symptoms. One of the intended outcomes of FPE is relapse prevention. Sarah (consultant) recommended continuing to provide support to the family through FPE as the group can provide suggestions regarding coping strategies for the family.

2. Ottawa County supervision also addressed continuing FPE with the ACT consumers/families after the consumer no longer meets ACT criteria. Sarah said that this is not an uncommon situation and occurs in the agency where she works. She advised that in these situations there needs to be good communication between the FPE staff and the case management staff to ensure follow-up with problems that are identified but not resolved in the FPE group

3. Memory upgrade is needed for one of the TCM facilitator's computers to allow the video software to work. At this point only one of the MFG sessions was not recorded for supervision. It is expected that the memory will be upgraded within the next two weeks. Arrangements have been made for one of the other FPE facilitator's laptops to be used during the next TCM Multi-family group.

4. The Targeted Case Management MFG has only three families, which is less than recommended. When adding new families to an existing Multi-family Group, Evidence Based Practice FPE recommends adding two families at a time to minimize the potential for a new family to feel they don't fit in with the group. Currently there is only one family ready to join the TCM group. Sarah recommended adding this family to the TCM group as soon as feasible rather than wait for a second family to also join.

G. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish the project goal.

- Cynthia Hakes and Rick Hunter maintain communication with Dr. Mary Ruffalo from the University of Michigan, who continues to provide analysis and data collection feedback for the FPE program. Upon last review of data, and discussions, Dr. Ruffalo, advised that both Muskegon County CMH and Ottawa County CMH have been successful with implementation of FPE within the parameters of the fidelity scale. Although not available as of this date, another report from Dr. Ruffalo will be forthcoming.

H. Describe the target population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during this fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goals.)

- This project focuses on persons with a diagnosis of Schizophrenia, and their family members and significant others. Muskegon County CMH has a total of 21 consumers and approximately 30 family members involved in the current Multifamily Groups. Ottawa County CMH has 13 consumers and approximately 22 family members involved in current Multifamily Groups.
- I. Describe PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?
- A block grant was received for this project. There have not been any identified problems with implementation relative to allocated resources; no amendment is necessary at this time. It is anticipated that this project will be self-sustaining at the end of 2 years.
- J. Describe the activities planned to address the project's goals and objectives for the next quarter.
- Both Muskegon County and Ottawa County will continue facilitation of 3 Multifamily Groups each.
 - FPE staff meetings will continue on a regular basis for both Counties.
 - Consultation with FPE staff in Maine will occur at least once per month for each County.
 - Cynthia Hakes and Rick Hunter will maintain communication with Dr. Mary Ruffalo from the University of Michigan. Dr. Ruffalo will continue to provide analysis and data collection feedback for the FPE program, to ensure successful implementation of FPE within the parameters of the fidelity scale.
- K. Include a clear description of the actual project outcomes, the specific changes that occurred, and the impact that the project has had on the intended recipients, as a result of the intervention. Did the project accomplish the intended goal? Briefly describe the results.
- The Family Psychoeducation project has successfully provided a support network for recovery for our consumers. The project has offered education about schizophrenia, as well as providing skills for symptom management, coping skills, and social skills. The Family Psychoeducation problem-solving process has offered an opportunity for consumers and family members to address specific issues they experience, through the support network of the group. Families have been educated and have learned skills to support their loved one's recovery, as well as skills for improved family relationships. Consumers report a decrease in hospitalizations and an increase in symptom management.

Actual project outcomes are evaluated and compiled by Mary Ruffalo, Ph. D., from the University of Michigan. Outcome data collection results from the University of Michigan will be forthcoming.

- L. Submit an informational copy of the final financial status for each project.

The final year-end financial report will be completed mid November, and will be sent at that time.

- M. A Family Psychoeducation poster and pamphlet for year one will be sent separately. An updated design is currently in process.

- N. Some FPE Stories:

"Family Psychoeducation Educational group has been great for consumer Patricia S. and her family members. When Patricia was initially referred to the ACT program, she was not good at communicating with others. She constantly lived in the past. She did not recognize the need for treatment or the need for a structured environment. This way of thinking has changed since Patricia and her family has been participating in the FPE group. Patricia has a very supportive family. Since the first workshop, her brother, who is also her guardian, has consulted with other family members regarding the group schedule, which has helped with family attendance. This past summer, Patricia had two sisters from Texas who attended the group and who were very thankful and felt blessed for this kind of service. Patricia has 100% group attendance and her input is valuable to the group. As a facilitator, I am in partnership with Patricia and her family regarding her treatment. Past symptoms that she exhibited have decreased. Patricia now communicates appropriately when she is not in agreement with her peers. She is less argumentative and is more concerned about reaching her goals."

Valerie Vines, LBSW
FPE Co-facilitator

"Steve M. has been a participant of the Family Psychoeducation Group for the last seven months. He has been an ACT consumer for a year. Prior to ACT and the multifamily group meetings, Steve had a long history of psychiatric hospitalizations. Steve has the support of his mother who is learning skills to better improve the relationship she has with her son. Steve's symptoms have decreased and his coping skills have increased. During this past summer, Steve did require temporary placement in a specialized residential facility. During that placement, his medications were adjusted and he was able to return home. Steve continues to actively participate in the Family Psychoeducation problem-solving process. His mother is encouraging and provides support for his efforts. She hopes Steve's father will eventually attend. They are in partnership with this facilitator and are getting a better understanding of Steve's mental illness and treatment."

Valerie Vines, LBSW,

FPE Co-facilitator

**Michigan Department of Community Health
Mental Health and Substance Abuse Administration
Improving Practices Infrastructure Development Block Grant
Family Psychoeducation
Program Narrative
Annual Report**

Report Period: October 1, 2005 – September 30, 2006
PIHP: North County Community Mental Health
Program Title: Block Grants for Community Mental Health Services
Executive Director: Alexis Kaczynski
Address: One MacDonald Drive, Suite A, Petoskey, Michigan 49770
Contact Person: Dave Schneider
Phone: (231) 439-1234 Fax: (231) 347-1241 Email: daveschneider@norcocmh.org
PCA#: 20711 Contract #: 20061246 Federal ID Number: 37-1458744

A. Briefly summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team.

The Improving Practices Leadership Team was implemented in during FY 06. The initial focus of the group was to formulate a list of milestones for the implementation of the FPE evidence based practice, identify various stakeholders and contract individuals, and develop and facilitate training for staff, stakeholders and consumers. This was accomplished in a timely manner. Moving forward, staff were trained and the IPLT maintained its focus on the implementation of the evidence based practice, now named the Adult Family Program. Appropriate materials (program description and brochure) were developed and distributed. (Attached)

Once the initial groups of the Adult Family Program were started, the IPLT focus shifted to the larger charge of system transformation. Considerable attention was given to educating Directors and Leadership staff regarding the full scope of the IPLT and its charge. After a regional planning retreat, conducted in April, the membership and charge of the group were reviewed and approved by the Directors of the three Boards.

The primary focus of the IPLT has now changed away from the implementation of the Adult Family Program. The IPLT is currently reviewing other evidence based practices, SAMHSA tool kits, and the existing service array and utilization of the Northern Affiliation. This information will be used to develop a prioritized work plan for FY 07.

B. Briefly describe the Systems Change process activities during this quarter and the impact of this Evidence-Based Practice process on creating systems change.

The system transformation process is has clearly taken hold in the Northern Affiliation during the past year. The regional strategic plan charges the leadership of the three Boards to assess readiness for IDDT COD. Currently, each Board is undertaking the

COMPASS to evaluate this readiness. Additionally, the region is now represented on the IDDT COD subcommittee at state level and is currently nominating a member to serve on the PMTO subcommittee.

Actual systems changes will be more notable in the coming year. As stated above, the IPLT is now developing a work plan for FY 07. It is anticipated that this plan will identify specific areas for change.

C. Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.

Throughout the year, the primary focus of activities has been staff and stakeholder groups. As the Boards complete the COMPASS and begin to plan for the implementation of IDDT COD, Northern Michigan Substance Abuse Services has been invited to participate in the planning activities.

As the IPLT has moved from the implementation of FPE to the larger agenda of system transformation, the stakeholder group has also been asked to evaluate its role in this process. During its most recent meetings, the group has received information on additional evidence based practices and will play a key role in the development of the IPLT work plan.

D. Briefly describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter.

Phase I, Consensus Building, A. Awareness and B. Education: completed

Phase I, Consensus Building, C. Structural & Clinical Improvements: milestones were completed; however, it is not certain that the primary objectives were achieved. Feedback from staff suggests that more is needed in this area. The newly created FPE Subgroup, which will now address implementation issues and report to the IPLT, will continue to address this topic.

Phase I, Consensus Building, D. Adaptation & Evaluation: data collection processes are in place. Reporting processes were delayed consistent with the implementation of services. These processes are now being developed.

Phase II, Enacting, A. Awareness: these milestones have been achieved.

Phase II, Enacting, B. Structural & Clinical Improvement: staff competencies have been defined. Data collection is in place, however, reporting, as noted above, is only now beginning. This will allow for use in the quality improvement process.

Phase II, Enacting, C. Continual Improvement & Support and D. Adaptation & Evaluation: due to the delay in data regarding outcomes, these milestones have not been met. It is expected that they will be addressed in the first quarter of FY 07.

E. Briefly describe staff training and technical assistance obtained during this quarter. Explain how the training and assistance were utilized for program development and improving services. Identify the unduplicated number of staff trained and each of their roles in the FPE project.

A total of seventeen staff has received the three day McFarlane training. This is in addition to a one day trip to Washtenaw County for a day of information sharing. Staff also is attending the Learning Collaborative on a regular basis.

Supervision with William Elgee is ongoing. This has provided valuable information to staff as they progress in the implementation of the program.

Training presentations have also been presented to various stakeholder groups, staff and Board meetings during the year. As previously reported, system transformation was also a primary focus of the regional planning session conducted in April.

F. Briefly identify any challenges or issues encountered in implementation during this quarter and the action taken to address them.

Challenges identified in previous quarterly report, specifically the need for "just in time" training and geographic issues, continue to be the most significant challenges.

Additionally, staff turn over has proven to be difficulty. Due to the limited number of staff trained, and the significant geographic area, it is difficult to "cover" for a staff vacancy. This has delayed implementation of a second group in one Board area until additional training can be obtained in January.

G. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish the project goal.

Data collection has included service data and outcomes data. The PIHP is participating in the statewide outcome study and data is being collected consistent with the instructions of Dr. Ruffolo. Upon first analysis of the data collected, a number of "differences" were identified. A conference call meeting was conducted to clarify the data collection instructions. Improvements have been noted. The data is being submitted to Dr. Ruffolo.

The first discussion of the outcomes data with Dr. Ruffolo is scheduled for Tuesday, October 31, 2006. This data will then be distributed as appropriate.

H. Describe the target population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during the fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goal.)

As noted previously, a total of 22 individual consumers and their families have been served through this program, including seven at NCCMH, seven at NEMCMH and eight at AVCMH. Recipients range in age from 21 to 64 years old, with a fairly consistent spread between those ages. Diagnostically, 18 of the 22 have a primary diagnosis of 295.xx.

The joining process for a second group at NCCMH and at NEMCMH is underway. Data on those participating will be included in the first quarter report for FY 07.

I. Describe PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?

No problems are anticipated in the continuation of the service. An amendment was filed during the second quarter to redirect funding from service delivery to system transformation.

J. Describe the activities planned to address the project's goals and objective for the next quarter.

The next quarter will see the following activities:

- Continued meetings of the Stakeholder Group
- Continued meetings of the IPLT with the development of a work plan.
- Continued meetings of the FPE Subgroup to address specific implementation issues, including the clinical and structural needs, and report to the IPLT.
- Implementation of a second program site at NCCMH and NEMCMH. AVCMH will implement a second program site after the January training.
- Recruit and hire individuals for new position responsible for assisting in training and transition to evidence based practices. Recruiting is underway; no candidate has yet been hired.
- Increased participation in state IDDT COD Subcommittee.
- Begin participation in the state PMTO subcommittee.
- Complete assessment process to evaluate the readiness of each Board to begin integrated treatment for persons with co-occurring mental illness and addiction disorders.

Attachments: Program Description
Program Brochure

**Michigan Department of Community Health
Mental Health and Substance Abuse Administration
Improving Practices Infrastructure Development Block Grant
Family Psychoeducation
Program Narrative
Quarterly Report**

Report Period 7/1/06-9/30/06
PIHP Oakland County Community Mental Health Authority
Program Title Family Psychoeducation Block Grant
Executive Director William J. Allen
Address 2011 Executive Hills Blvd., Auburn Hills, MI, 48326
Contact Person Erin McRobert
Phone: 248-858-2198 Fax 248-975-9543 E-mail mroberte@occmha.org
PCA # _____ Contract # _____ Federal ID 38-34375

A. The Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team have included:

- The Improving Practices Leadership Team has met twice during the quarter.
- Work Groups chaired by members of the Improving Practices Team have been meeting to develop work plans. Work plans were shared for Adult Best Practices, Clinical Administration Team, Research Team. Childrens and the Peer Services and Supports Teams are still developing work plans.
- AMI member did attend last Adult Practices Meeting. Recruitment is occurring for a Peer specialist representative.

B. The Systems Change process activities occurring this quarter include ongoing dialogue with Provider agencies, identification of barriers and development of work plans to address them. Peer Supports and Services Group had a meeting of stakeholder working in the network to identify barriers and come up with possible solutions. They plan to next meet with consumers re: knowledge of peer delivered services and supports.

C. Consensus building and collaborative service efforts continue to occur. PIHP sent two persons from Provider agency to Train the Trainer for FPE. PIHP also agreed to have Easter Seals PMTO staff work with DCH regarding PMTO implementation activities. Ongoing collaborative activities include identifying Utilization Management Teams across the network. Centralized Access activities and plans are moving forward.

D. There has been progress toward achieving the FPE project outcomes planned for the fourth quarter. Outcomes from the work plan are as follows:

- ❖ FPE Coordinator continues to work part time. She is collecting and entering data re: group development, financial reimbursements, evaluation and outcome data

for U of M. She also coordinates meetings, trainings, and Learning Collaborative registrations.

- ❖ **Adult Best Practices Group** meets every other month and the FPE work group meets every other month to discuss FPE Work Plan status, development of FPE groups, barriers, and strengths, and training and supervision needs.
- ❖ All 3 Agency Providers will have developed 5 FPE groups by 9/30/06.
CNS- Achieved this goal and had all **5 groups** up and running by 9/30/06. They are however having difficulty sustaining the Young Adult Group. The residential group has been a struggle to get going.
Easter Seals-Began **4 out of 5 groups** by 9/30/06. They also brought in additional families to the year old group for Young Adults. Populations include another Young Adult Group with co-occurring and an Adult Casemanagement Group with Co-occurring treatment needs.
Training Treatment and Innovations-Began **4 out of 5 groups** by 9/30/06. They also added additional family members to the already existing Young Adult Group.
- ❖ Stakeholder activity has not occurred formally this quarter. It should however be noted that @ TTI joining has occurred with both facilitators of the group making home contacts with group members together. This is an adaptation of the model endorsed by Dr. McFarlane.

Community Network Services (CNS)

CNS Groups	Population	Consumers	Consumers/ Family/Friends	Date Workshop	Group Date
Walled Lake Casemanagement	Adults w/Bipolar	0-1 st quarter 5-2 nd quarter	0-1 st quarter 5-2 nd quarter	3/11/06	4/11/6
Pontiac Casemanagement	Adults w/Schizophrenia	0-1 st quarter 4-2 nd quarter	0-1 st quarter 5-2 nd quarter	3/11/06	4/11/06
Young Adult Group	Young Adult 18-25	0-1 st quarter 5-2 nd quarter	0-1 st quarter 8-2 nd quarter	3/25/06	4/5/06
Residential	Adults	0-1 st quarter 0-2 nd quarter 3-3 rd quarter 4-4 th quarter	0-1 st quarter 02 nd quarter 3-3 rd quarter 6-4 th quarter	5/06 Work shop occurred /next one scheduled with additional group members 8/06	5/06/ 8/06 9/1/06
ACT	Adults	0-1 st quarter 5-2 nd quarter	0-1 st quarter 8-2 nd quarter	3/11/06	4/11/06

Easter Seals plans to work on joining during July 2006. They intend to start 2 groups in August 2006 and one more in September 2006.

Easter Seals (ES) One Young Adults Group has been running. *****Four new Seals Groups	Population	Consumers	Consumers/ Family/ Friends	Date Workshop	Group Date
AMHS	Young Adults Ages 18-25*****	9-1 st quarter 4-2 nd quarter	15 family members 6 family Members 0 family members	2/4/06	2/16/06
Collaborative Solutions	Young Adults w/ Co-occurring	0-1 st quarter 0-2 nd quarter 0-3 rd quarter 6-4 th quarter	0-1 st quarter 0-2 nd quarter 0-3 rd quarter 12-4 th quarter	9/06	-----
Collaborative Solutions	Adults w/ Co-occurring	0-1 st quarter 0-2 nd quarter 0-3 rd quarter 8-4 th quarter	0-1 st quarter 0-2 nd quarter 0-3 rd quarter 16-4 th quarter	9/06	-----
Casemanagem ent	Adults	0-1 st quarter 0-2 nd quarter 0-3 rd quarter 6-4 th quarter	0-1 st quarter 0-2 nd quarter 0-3 rd quarter 12-4 th quarter	9/06	10/06

Training Treatment and Innovations (TTI)

TTI Groups	Population	Consumers	Family +Consumers	Date Group Began	Workshop Date
Oxford- MPE	Young Adults*****	5-1 st quarter 0-2 nd quarter 2-3 rd quarter	16-1 st quarter 0-2 nd quarter 4-3 rd quarter	1/10/06 5/06	12/05 5/06
Oxford-SFE	Young Adult	1-1 st quarter 0-2 nd quarter 0-3 rd quarter	3-1 st quarter 0-2 nd quarter 0-3 rd quarter	12/05	12/05
Madison Hts.	Oakland ACT 12 families in process of joining	0-1 st quarter 0-2 nd quarter 0-3 rd quarter 8-4 th quartet	0-1 st quarter 0-2 nd quarter 0-3 rd quarter 16-4 th quarter	9/30/06	8/21 and 8/23
Oxford	Residential	0-1 st quarter 0-2 nd quarter 0-3 rd quarter 5-4 th quarter	0-1 st quarter 0-2 nd quarter 0-3 rd quarter 8-4 th quarter	10/13/06* Scheduled to begin	9/11
Casemanage.		0-1 st quarter 0-2 nd quarter	0-1 st quarter 0-2 nd quarter	9/26/06	9/19 and 9/21

		0- 3 rd quarter 9-4 th quarter	0-3 rd quarter 18-4 th quartet		
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E. Staff Training and technical assistance did not occur this quarter. A Learning Collaborative is scheduled for October 2006.

F. Challenges encountered during the quarter regarding implementation include:
CNS-Trying to have teleconference supervision but has run into some technical issues.
Easter Seals-None reported
TTI- Allowed extra staff time to allow both facilitators to be present for joining visits.

G. PIHP action taken related to data collection, fidelity and process monitoring activities to accomplish the goal include,

- All agencies have turned in data for review by Mary Ruffalo @ U of M
- Information was gathered from each of the agencies re: adaptations to the model

H. The target populations/programs served during this quarter include;
 Young Adults 18-25 year olds and their families, Casemanagement consumers and their families, and ACT consumers and their families, Persons living in residential homes. Persons participating are receiving services at Easter Seals (ES), Training Treatment and Innovations (TTI), and Community Network Services (CNS).

Total # of unduplicated Consumers served in MFPE as of 9/30/06= 86

1st Quarter =14

2nd Quarter=23

3rd Quarter=3

4th Quarter=46

Total # of unduplicated Family Members served in MFPE as of 9/30/06 = 108

1st Quarter = 31

2nd Quarter= 32

3rd Quarter=3

4th Quarter=42

SFPE= 2 Consumers/

SFPE=3 Family members/

I. the Authority has contributed financial and in-kind support for consultant to assist in FPE implementation, being involved in the hiring and working with the part time FPE coordinator / support person, and participating in the Learning Collaborative as well as the DCH FPE Sub-Committee.

J. Activities planned to address the project's goals and objectives for the next quarter include:

Continue to develop and implement 2 more FPE groups by 9/30/07 at all 3 agencies.
 Increase stakeholder awareness (Continue)

- Make available link on Authority website that holds information re: Evidenced Based Practices, Minutes from meetings, etc;

- Complete network wide brochure regarding Family Psychoeducation

Educate stakeholders (Continue)

- Board members, staff, providers, and consumers about best practices and Family Psychoeducation through scheduled presentations including Workshops and trainings.
- Have members of Easter Seals FPE Groups participate in Board Association Conference to educate staff and other stakeholders about FPE.
- Engage family members in Best Practice Work Groups
- Continue participation in DCH FPE sub-committee meetings and the Learning Collaborative.
- Easter Seals 2 Coordinators will provide trainings to Oakland County Staff at provider agencies on FPE.

Address structural and clinical improvement areas

- Utilize the Authority's Best Practice organizational structure particularly the Adult Best Practices Group to address FPE needs.
- Schedule regular meetings of provider/consumer representatives
- Work from comprehensive work plan developed with enhanced stakeholder input to meet goals and objectives.

Evaluation and CQI Activities

- Collect evaluation information per U of M Evaluation plan.
- FPE providers continue to utilize regularly scheduled supervision.
- OCCMHA coordinates and sends data to U of M.
- Data will get presented to Best Practice Work Group and shared with Improving Practices Leadership Team as information becomes available.

ATTACHMENT C – FAMILY PSYCHOEDUCATION NARRATIVE REPORTING REQUIREMENTS

A program narrative report must be submitted quarterly. Reports are due 90 days following the end of each quarter. (For the first three quarters, reports are due January 31, April 30, and July 31, 2006. The **final report*** must address the entire fiscal year and is due October 31, 2006). The format shown below should be used for all narrative reports.

*** FINAL REPORT:** Include a clear description of the actual project outcomes, the specific changes that occurred, and the impact that the project has had on the intended recipients as a result of the intervention. Did the project accomplish the intended goal? Briefly describe the results.

Michigan Department of Community Health Mental Health and Substance Abuse Administration Improving Practices Infrastructure Development Block Grant Family Psychoeducation Program Narrative Final Report FY06

Summary of Project Outcomes-

Regionally, in a two year period, a total of 37 clinicians have been trained but not all have been able to conduct an FPE group. Several clinicians have moved away or have decided they do not want to conduct groups but the majority of those not leading groups were staff who did not have consumers on their caseloads that would benefit from the treatment. In this early period of implementation, part of the learning curve has been to determine the best staff to train.

In FY06, 22 clinicians provided Family PsychoEducation treatment to 76 consumers across the Upper Peninsula. (See the attached reports C.1.a., C.1.b., & C.1.c.) There were nine (9) groups in place in FY06 with treatment being offered in eight (8) of the fifteen (15) counties in the region. The clinicians have participated in monthly supervision with Phil Collin, a member of the Maine Medical team, who is assisting in the implementation of this treatment in the Upper Peninsula. The supervision has focused on developing the skills to conduct a FPE group with fidelity to the model. Tapes of actual FPE sessions are reviewed by the clinical supervision groups to strengthen skills.

While video conferencing is helpful, supervision is insufficient if that is the only contact. During the late spring, Phil Collin and the regional coordinator reviewed the effectiveness of the supervision of the clinicians. The need for an onsite supervisory "booster" training as we move into phase two of implementation of FPE was evident. On September 18 & 19, 2006, Phil came to Marquette and provided a day of training to the clinicians providing FPE. He then spent ½ day conducting training for the Medical Directors of the CMHSPs and the inpatient hospital staff. He consulted with NorthCare on the issue of referrals and how to improve transitioning consumers from inpatient care to FPE services. The clinicians reported the onsite training was useful and we will plan to bring Phil back to the UP in the spring. All the staff agree that being able to meet as

a group in the UP is more effective and less expensive than traveling downstate for a large group training.

The clinicians have also been responsible for gathering the data for the outcomes study being conducted by Maine. That has proven to be a difficult task for the clinicians as the burden of the paperwork is high in the beginning of a group. This is an area for improvement in FY07.

The members of the FPE project group became more active as the year went on. The administrative staff have increased their understanding of the critical role they play in creating the structure for this treatment to be successfully implemented. To allow more administrative and clinical staff to participate in ongoing training, NorthCare worked with the MACMHB and Maine to join the last quarter's Learning Collaborative meeting via video. We will continue to do so as 16 hours on the road for a six hour meeting is not an effective use of our resources. Clinicians have expressed interest in the idea of conducting our own Learning Collaborative but also realize it is useful to share ideas with the CMHSPs downstate.

NorthCare conducted fidelity reviews during the winter of 2006 of 5 groups that had been meeting for at least 6 months. During these reviews, consumers and family members self reported significant improvements in their lives. Staff also reported a strong sense of satisfaction with this treatment model and the results they were observing with the consumers in the groups. Next year, we will have groups that have been meeting for over one year and we will look at data on inpatient care and crisis services to analyze specific gains.

Another significant outcome in this first year of the grant has been the active involvement of consumers on the regional Practices Improvement Leadership Team (PILT). The commitment of the 5 consumer members to study treatment fidelity based on recovery principles has been inspiring. It is their energy that is providing impetus to the PILT to conduct fidelity reviews in ACT and Drop Ins during this coming year. Our goal is to maximize the layering of EBPs so that consumers reach the highest level of recovery they are seeking. We recognize the need for clinicians to have more opportunities for training in Motivational Interviewing as this will help them approach families and consumers more effectively in the early joining sessions. The consumer members of the PILT will be encouraged to participate in this training as well. Our goal would be to have as little segregated training as possible while understanding the need to accommodate various learning styles and differences in background and education.

Quarterly Report

Report Period: 7-1-06 to 9-30-06

PIHP: NorthCare Network

Program Title: Family PsychoEducation Groups

Executive Director: Doug Morton

Address: 200 W. Spring St Marquette MI 49855

Contact Person: Lucy Olson

Phone: 906-225-7235 Fax : 906-225-5149 E-mail: lolson@up-pathways.org

PCA # _____ Contract # 20061249 Federal ID 38-3378350

**Michigan Department of Community Health
Mental Health and Substance Abuse Administration
Improving Practices Infrastructure Development Block Grant
Family Psychoeducation
Program Narrative
Quarterly Report**

Report Period: July 1, 2006 through September 30, 2006

PIHP: Venture Behavioral Health

Program Title: Family Psychoeducation

Chief Operating Officer: Brad Casemore

Address: 100 Country Pines Lane, Battle Creek, MI 49015

Contact Person: Lori Diaz, Ph.D., LP

Phone: 269-979-9132 Fax: 269-979-9728 E-mail:

PCA #: _____ Contract #: _____ Federal ID: 38-3318175

- A. Briefly summarize the Systems Transformation efforts and implementation activities of the Improving Practices Leadership Team.

The Improving Practices Leadership Team (IPLT) continues to meet every other month. The focus of the IPLT continues to be on implementing Family Psychoeducation, although we are expanding to discuss CCISC/IDDT and other EBP's that we are doing in our affiliation such as CBT, DBT, etc. Each affiliate continues to be in different stages of FPE implementation and systems transformation. For example, one affiliate has implemented the first FPE group very well, but has some challenges with CCISC while another affiliate is very far along in integrating mental health and substance abuse treatment, but is struggling with FPE implementation due to staffing issues. We continue to learn from each other and the Improving Practices Leadership Team meetings has been a wonderful forum to learn from one another, share successes, problem solve challenges and brain storm solutions.

- B. Briefly describe the Systems Change process activities during this quarter and the impact of this Evidence-Based Practice process on creating systems change.

The Improving Practices Leadership Team has been a good forum for promoting the systems change activities. The collaboration and problem solving amongst the affiliates around the implementation of FPE during IPL Team meetings is an example of a systems change process.

The FPE Program Leader continues to work with each site in identifying specific barriers to implementation and assisting each affiliate in the systems change process. The FPE Program

Leader meets with those sites that are experiencing systems related challenges, assisting them in problem solving and developing action steps to promote systems change and implementation of FPE.

With the implementation of FPE, staff continues to be excited about the feedback they are receiving from families who are involved in this program. The incorporation of the family more systematically into treatment has been powerful for the consumers, families and staff. This will have a tremendous impact as the sites who are implementing FPE experience this success and spread the word to their coworkers/colleagues.

- C. Briefly summarize consensus building and collaborative service efforts with other systems and agencies that have taken place during this quarter.

Each of the affiliates have been building collaborations within and outside of their organizations. Several of the affiliates continue to provide regular updates to their boards and meet with stakeholders to discuss progress. We have also been working on and discussing a plan to create a better and more direct referral process from inpatient hospitals and have a plan to do more outreach to those providers.

- D. Briefly describe the progress toward achieving each of the Family Psychoeducation project outcomes planned for this quarter.

Phase 1- Consensus Building

Awareness: The activities that we had planned in our work plan associated with a specific time frame have been accomplished.

Education: We have achieved this goal with the exception of only one team has been trained in Van Buren due to staffing problems and a supervisor from Branch County has not been trained as of yet. There are plans to send additional people from Van Buren County as well as staff and a supervisor from Branch County at the next FPE training in January/February.

Structural and Clinical Improvement: All activities planned for the first four quarters have been accomplished.

Adaptation and Evaluation: All activities have been accomplished.

Phase II: Enacting

Awareness: All activities planned for the first year have been completed.

Structural and Clinical Improvement:

1. Work with VBH PIC to implement process to collect and analyze data- this has not been completed as only two affiliates have begun FPE groups and one is in the process of joining, thus there has been little data to this point. The FPE program leader has implemented a process to collect data and send to U of M for the evaluation. This will be moved to Year 2.

2. IP team and IPC will identify and define a core set of competencies as well as develop trainings to support clinical needs and areas of improvement- Completed.
3. Based on core competencies and training needs, will develop an annual training plan- this is being accomplished through the HRM committee at Venture. The following trainings are planned for Y2: DBT, CBT, FPE, Integrated Treatment for Co-Occurring Disorders.

Continual Improvement and Support

1. IPLT and PIC will use performance data to identify areas of improvement- there is not yet enough data.
 2. Based on feedback from clinical staff, training enhancements will be identified and defined- needs will be presented to MACMHB- Venture has brought this information to MACMHB via monthly subcommittee meetings.
 3. The IPL team and HRM continue to identify and develop other EBP's including DBT, CBT, MST, and are looking into more EBP's for children and adolescents.
- E. Briefly describe staff training and technical assistance obtained during this quarter. Explain how the training and assistance were utilized for program development and improving services. Identify the unduplicated number of staff trained and their roles in the FPE project.

There was no training or technical assistance utilized during this quarter. We are planning on sending several staff to the Learning Collaborative in October.

- F. Briefly identify any challenges or issues encountered in implementation during this quarter and the action taken to address them.

We have been able to meet most of our work plan goals for this quarter with the following exceptions:

1. Pines and Van Buren were not able to have two teams at their affiliate as planned. Each affiliate has experienced some staffing difficulties and turnover that have been barriers to doing this. They are both planning to send staff to the next training when it is scheduled.

- G. Briefly describe the PIHP action related to data collection, fidelity and process monitoring activities to accomplish project goal.

The PIHP is participating in the statewide evaluation- contracted with the University of Michigan. We are clear about the data needed to be collected. The FPE program leader is taking responsibility for coordinating the data collection efforts at each affiliate and ensuring that the data is sent to U of M.

- H. Describe the target population/program served during this quarter. Include the number of unduplicated individuals this quarter and the cumulative number of unduplicated individuals during this fiscal year. (If possible, include the demographic and diagnostic data relevant to the project's goals.)

Four of the five affiliates have begun implementing FPE. Two affiliates have had the workshop and begun the multifamily groups. Another affiliate is finishing joining and has

scheduled a workshop for the end of October. The other two affiliates have had staffing turnover and hiring difficulties and have not been able to implement FPE.

4th Quarter data:

Unduplicated consumers: 16

Unduplicated support persons: 26

Age	Gender	Diagnosis
18-25- 4	Female- 8	Schizoaffective- 5
26-35- 5	Male- 8	Psychotic D/O NOS- 3
36-45- 3		Mood Disorder 0
46-55- 3		Schizophrenia- 4
56-65- 1		GAD- 1
		Bipolar D/O 2
		(with psychotic features)
		Depressive D/O 1
		(with psychotic features)
		*One consumer had two diagnoses

Cumulative Data- (Q1-Q4)

Unduplicated consumers: 17

Unduplicated support persons: 27

Age	Gender	Diagnosis
18-26- 4	Female- 9	Schizoaffective- 5
26-36- 5	Male- 8	Psychotic D/O NOS- 4
36-45- 4		Mood Disorder 1
46-55- 3		Schizophrenia- 4
56-65- 1		GAD- 1
		Bipolar D/O 2
		(with psychotic features)
		Depressive D/O 1
		(with psychotic features)
		*One consumer had two diagnoses

- I. Describe the PIHP financial and in-kind support utilized to support this project and status of sustainability planning. Is the project having problems with implementation/continuation with all the allocated resources? Should an amendment be initiated?

Currently, the PIHP is utilizing grant dollars to implement FPE. Each affiliate is developing their FPE programs to be sustainable after the grant is completed by incorporating the program into their current spectrum of services and using Medicaid dollars for Medicaid eligible consumers for service provision. The PIHP will continue to monitor FPE at all

affiliates through the current Health Resource Management Committee as well as the Improving Practices Leadership Team and Program Improvement activities that are ongoing.

We submitted an amended budget in July, 2006 due to the need to send additional people to training that was not in the original budget. We expect to have some unexpended dollars from year 1 that we will ask to roll over to year 2. We will complete an amended budget and workplan.

J. Describe the activities planned to address the project's goals and objectives for the next quarter.

1. IPLT will meet with clinical staff twice per year.
2. Meet with IS representatives to identify requirements for monitoring and tracking of FPE activities.
3. Conduct an annual survey.
4. Establish FPE teams in the two affiliates that have experienced staffing difficulties.

